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ABSTRACT

Although there appear to be only minor differences between clinical, counseling, and school psychology disciplines, doctoral training typically involves application to a doctoral specialty training program in one of these separate fields. Perhaps the American Psychological Association (APA) has focused too much on existing differences and not enough on establishing a definitive and solid common base. Since the APA no long distinguishes between clinical, counseling, and school internships, it seems curious that one would specialize in doctoral training and then generalize during training in a professional psychology internship. A model similar to that of medical residency programs might better serve psychology programs. Doctoral training would focus on the development of skills generic to the field of psychology, perhaps building upon the four areas of study required by the APA (biological, cognitive-affective, social, and individual bases of behavior). Additional coursework and practica could be offered in the areas of counseling/psychotherapy, psychological assessment, behavioral medicine, vocational/educational issues, and psychopathology. Under this model, graduates would be able to pursue further post-doctoral education in specialty areas once the educational requirements are met for the doctoral degree in professional psychology. (NRB)

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Psychology Specialty Trainin, Toward a Generic Model of Professional Psychology

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Abstract

This report reviews the current debate over the necessity for separate doctoral specialty training in clinical, counseling, and school psychology. Examined are recent trends toward general training in applied/professional psychology and the utility of such training in best serving the consumers' needs. An alternate model of post-doctoral specialization following a residency format is discussed.

Psychology Specialty Training: Toward a Generic Model of Professional Psychology

Psychology is a Janus-headed science: it is both a research oriented/theoretical science and an applied science. This dual nature within the field of psychology was evident as early as 1938, when the American Association of Applied Psychology (AAAP) was formed to meet the needs of professional or practicing psychology. In 1946, the American Psychological Association (APA) merged with AAAP. The APA was then reorganized into separate divisions reflecting specific psychological specialties (Herson, Kasdin, and Bellack, 1983).

Currently, professional psychology is a generic term applied to the practice of psychological techniques in four specialty areas: clinical, counseling, school, and industrial/organizational (APA Committee on Professional Standards, 1980). This paper posits that the training of psychologists in specialty area programs is guided by the delineation of the particular specialty area: the specialty standards set forth by the committee reify training practices in universities and professional schools. Indeed, based upon the definitions for the four specialty areas (American Psychological Association, 1977), there appear to be only minor differences between clinical, counseling, and school psychology. Industrial/organizational psychology does appear to represent a unique discipline; therefore, this paper will focus upon the clinical, counseling, and school psychology disciplines.

It is further posited that the delineations of specialty guidelines detract from the advancement of psychology as an applied science. It seems clear that applied psychology has an arsenal of techniques and skills to remediate, enhance, and develop psychological functioning of individuals, groups, and families. But the use of these tools is not limited to psychology. As Warnath (1968) points out, for example, counseling is one technique for helping people, but it cannot be restricted to counseling psychologists, as a variety of other professions also use counseling techniques. The utilization of psychology's tools is common to many applied disciplines. What differs are the populations and situations within which these various specialties practice.

When one examines both the specialty guidelines and explanations of what practicing psychologists actually do in the field, it is apparent that a more generic model of professional psychology already exists. At the Vail Conference held in 1973 the need for a professional practice degree was discussed and supported. Korman (1976) notes that professional training programs are marked by a basic service orientation. Most psychologists are, by the above definitions, professional psychologists. The question remains, however, whether there is additional need to specialize practical training at the doctoral level.

The typical pattern of doctoral training in the United States involves application to a doctoral specialty training program in

clinical, counseling, or school psychology. Upon acceptance into an APA approved or APA guided program, the student agrees to follow a set of criteria put forth by the APA committee on accreditation (1980). This accrediting body developed a set of training criteria that is basic to comprehensive training in professional psychology. It is important to note that the training criteria refer to professional psychology and not a subspecialty. If the APA committee deems specific programmatic and academic preparation essential to the practice of professional psychology, then one may question the utility of further specialization during the initial stage of training.

As stated above, doctoral training in professional psychology and doctoral specialization appear inexorably linked. The criteria for accreditation of professional psychology programs by the American Psychological Association (1980) state that a doctoral curriculum must assure competency in: (1) biological bases of behavior, (2) cognitive-affective basis of behavior, (3) social bases of behavior, and (4) individual bases of behavior. In addition to the above rquirements, the APA mandates further coursework in a particular specialty area. In the cases of clinical, counseling, and school psychology, specialty coursework will involve several courses covering theoretical and applied aspects of service in the specific specialty.

In examining these premises further it can be seen that although

clinical, counseling, and school psychology vary with respect to potential populations served, their basic tools of intervention are remarkably similar. This should be the case if the APA's professional training guidelines are adhered to. As the basic tools of professional psychology are so similar, one may question how significant the differences actually are with respect to applied practice. Though this paper does not attempt to survey all existing professional psychology doctoral programs, it is believed that once a graduate leaves his or her educational institution, often little definitive specialty affiliation continues. Cottle (1967a) notes that 40 percent of those professionals who are members of division 17 are also members of Division 12. The terms "counseling" (which has traditionally been associated with counseling psychology) and "psychotherapy" (which has traditionally been associated with clinical psychology) are often used interchangable (Cottle, 1967a) and it seems that various types of psychologists practice similarly.

There is no need to reprise the long standing debate over the theoretical and practical differences between the fields of counseling and clinical psychology: suffice it to say that there are clear philosophical and apllied differences (Whitely, 1980c). The question this paper raises is whether the distinctions associated with the specialty areas are best advanced at the doctoral training level. In addition, it is questionable whether there is a significant difference in what actually goes on in the offices of

psychologists who have different specialty training. The likelihood of a significant difference is further reduced when one notes that the art and science of psychology still has no definite explanation as to the working of the therapeutic process (Strupp, 1983). Bent (1982) notes that there are no formal criteria established to measure and assure the quality of clinical skills in clinical training programs. It is difficult to determine the nature and amount of training necessary to produce a competent professional clinical psychologist (Edelstein and Brastel, 1983).

Looking to medicine, one notes that the field existed for centuries before well-developed specializations emerged. Perhaps medicine enjoys higher prestige partically as a result of its well established and comprehensive body of knowledge. Psychology, by contrast, is a relatively new science. While the field is developing rapidly, it is perhaps premature to develop specialty designations before the differences between these specialties are fully delineated. Again, this paper does not wish to imply that there are no differences between the subfields, but rather that the focus of psychology training should be on establishing a well-defined base of generic psychological knowledge. Specialization may be better pursued in post-doctoral training.

It appears that within the political structure of the APA we have focused too much on existing differences and not enough on establishing a definitive and solid common base. This still

presupposes that there need to be separate specialty fields of applied psychology which, if the current statistics are accurate (Stapp, Fulcher, and Wicherski, 1984), may be more a theoretical than pragmatic necessity. As noted earlier, counseling and clinical psychologists, and even school psychologists, work in very similar environments, earn similar salaries, and perform similar duties. Are we perhaps confusing the public by offering several specialities when the public can barely differentiate between a psychiatrist and a psychologist?

Stapp, Dulcher, and Wicherski (1984) report that there seems to be little difference between the relative percentages of clinical and counseling psychologists employed in a variety of settings, including universities, colleges, medical schools, and independent practice. In most cases percentages are remarkably close. While there are clearly professional differences between counseling, clinical, and school psychologists, it would appear that at least clinical and counseling psychologists are working in basically similar environments.

Further support for generic professional psychology training can be found in the conduct of internship training. The APA no longer distinguishes between clinical, counseling, and school internships. Instead most internships are designated as professional psychology internships. It would seem curious that one would specialize in doctoral training only to generalize during training in a

professional psychology internship. Further evidence for a more generic model comes from the fact that a large percentage of internships will accept students from either clinical or counseling programs, though fewer from school psychology programs. This seems to indicate that the majority of internships do not discern a significant difference between counseling and clinical doctoral preparation.

The issue of specialty training gains new relevance when viewed from a consumer's perspective. Specialization along more practical, issue-oriented lines is more comprehensible to the layman than the current clinical/counseling dichotomy. A specialization in marriage and family therapy, child treatment, drugs and alcohol, or gerontology seems more useful than pre-doctoral distinctions that may hold little ecological validity.

This paper proposes a model similar to that of medical residency programs. Doctoral training would focus on the development of skills that are known to be generic to the field of psychology. The four areas of study required by the APA (biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, and individual bases of behavior) provide a good core to build upon. Additional coursework and practicum should be offered in counseling/psychotherapy, psychological assessment, behavioral medicine, vocational/educationl issues, and psychopathology.

Once the educational requirements are met for the doctoral

degree in what could be labeled professional psychology, the graduate could pursue further post-doctoral education in any desired specialty area. Indeed, most states license psychologists as generic professionals, with no mention of degree or specialization. Further, as the fields of counseling and clinical psychology vary little in theoretical areas and populations served, it seems pointless to offer the public such specializations. A person seeking psychological assistance will turn to a licensed psychologist first, and then perhaps seek further specialization. As previously noted, consumers might better choose among specialty areas that accurately reflect their needs: divorce counseling, marriage and family therapy, child therapy, neuropsychology, gerontology, behavioral medicine, etc. Although no data are availabale, it seems likely that those in need of psychological services do not concern themselves with the title of the degree. All they wish to know is: (1) Is s/he good? (2) Is s/he a doctor? (3) How much does s/he charge? and (4) Will my insurance pay?

With regard to the unique benefits of traditional counseling versus clinical training, it appears that eac ve something specific to offer the rest of professional ps gy. Counseling psyhology traditionally focuses on the individual's adjustment to living from a normal developmental/lifespan perspective. This typically includes working with the client's social, familial, and vocational systems. A hygiological, proactive approach is typically

followed, rather than the more medically oriented model of clinical psychology. Strengths, growth potential, and human development are highlighted and focused upon. Living skills enhancement is key in counseling psychology. The clients that are traditionally dealt with are relatively normal, with minor developmental and adjustment difficulties. Vocational testing and career counseling are emphasized as vital areas contributing to the individual's overall well-being.

The clinical psychology emphasis is a more remedial and pathologically oriented approach. Patients are dealt with from the "something is wrong" perspective. The "thing" that is wrong needs to be corrected; therefore, a deficit-focus is engendered. Where counseling psychology is educative and proactive, clinical psychology is corrective and remedial. Problems of greater severity and duration are attended to. Personality change is advocated, along with a more depth-oriented focus as opposed to counseling's developmentally-oriented adjustment. Psychotherapy is promoted, whereas counseling psychology relies on counseling.

It is obvious that differences do exist between the two ideal types (Super, 1984). However, as Berg (1980) notes, much could be achieved by merging the two disciplines, thus creating a dual competency for dealing with normal and disturbed persons from a variety of perspectives. This paper supports such a merger, and views it as the strategy most likely to result in a comprehensive and

balanced approach to psychological treatment.

Counseling psychology can offer its background of psychometrics, individual differences, vocational assessment and career counseling, developmental education, and lifespan orientation. Clinical psychology can offer its skills in psychopathology, personality theory, psychodiagnostics, and remedial orientation. Armed with skills of both disciplines, a professional psychologist is well prepared to deal with the wide range of problems and situations likely to arise in practice. Not all clients/patients have personality disorders, nor are all vocationally maladjusted. A psychologist equipped to deal with the broadest possible range of psychological issues is a better psychologist.

A professional psychology program can train such psychologists. If further specialization is desired, then post-doctoral training can be made available to develop such specialty competencies.

References

American Psychological Association. (1980). Accreditation handbook, Washington, D.C.: APA.

American Psychological Association. (1977b). Standards for providers of psychological services (revised). Washington, D.C.

Bent, R. J. (1982). The quality of assurance process as a management method for psychology training programs. (1982). Professional psychology, 12. 98-104.

Berg, I. A. (1980). Some alternate roads. For counseling psychology. 1962. In J. M. Whiteley (Ed.), The history of ocunseling psychology. Monteray, CA. Brooks/Cole, 133-135.

Cottle, W. C. (1967). The president's message. Counseling News and Views, 19, 1-4.

Edelstein, B. A., & Brastel, W. (1983). Clinical training. In M. Herson, A. E. Kazdin, & A. S. Bellack, (Eds.). The clinical psychology handbook. New York: Pergamon Press.

Hersen, M., Kazdin, A. E., & Bellack, A. S. (Eds.). (1983). The clinical psychology handbook. New York: Pergamon Press.

Koeman, M. (1974). National conference on levels and patterns of professional training of psychology: The major themes. American Psychologist, 29, 441-449.

Stapp, J., Fulcher, R., & Wicherski, M. (1984). The employment of 1981 and 1982 doctoral recipients in psychology. American Psychologist, 39, 1408-1423.

Strupp, H. H. (1973). Specific vs. nonspecific factors in psychotherapy and the problem of control. In H. H. Strupp. Psychotherapy: Clinical, Research, and Theoretical Issues. New York: Jason Aronson.

Super, D. E. (1984). 1951, 1983 and the 1990s. In J. M. Whiteley, N. Kagan, L. Harmon, B. R. Fretz, & F. Tunney (Eds.). The coming decade in counseling psychology.